

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		2				
11		①				
12		②7				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	25					
TOTAL CLAIMS	26					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						